

UTAH STATE PARKS—LAW ENFORCEMENT

APPLICATION/PERSONAL HISTORY STATEMENT

APPLICANT NAME

APPLICANT SOCIAL SECURITY NUMBER

APPLICANT DATE OF BIRTH

RETURN TO:
UTAH STATE PARKS—LAW ENFORCEMENT SECTION
PO Box 146001
SALT LAKE CITY, UTAH 84114-6001

REVISED 05/05/2006

APPLICATION/PERSONAL HISTORY STATEMENT

- Candidate will not be considered for employment with Utah State Parks
- A falsified application will result in a decertification investigation by Utah Peace Officer Standards and Training.
- Potential criminal charges will be filed under Utah Code Annotated 76-8-511 falsification of a government record

Optional

Date of birth / /

Mo Day Year

<input type="checkbox"/>	Saw a flyer	<input type="checkbox"/>	News article	<input type="checkbox"/>	School or college counselor
<input type="checkbox"/>	Received mailing	<input type="checkbox"/>	TV or radio spot	<input type="checkbox"/>	Financial aid office
<input type="checkbox"/>	Heard presentation	<input type="checkbox"/>	Internet	<input type="checkbox"/>	Other:

Page 2 of 37

UTAH STATE PARKS—LAW ENFORCEMENT

APPLICATION/PERSONAL HISTORY STATEMENT

INFORMATION

The background investigation is one process used to evaluate your qualifications and suitability for employment with Utah State Parks. A thorough investigation will yield job relevant information concerning your past behavior, experience, education, performance and other critical factors important in the overall selection process. The background investigation also entails inquiries yielding facts surrounding your conduct, which may bear a demonstrable relationship to your suitability.

The information you provide will be protected from unauthorized disclosure in compliance with Utah State Parks--Law Enforcement policy. All records and documents become the property of Utah State Parks—Law Enforcement. Negative factors in your past will be evaluated with regard to the circumstances in which they occurred and in relationship to the position for which you have applied.

Be accurate and thorough in completing your Application/Personal History Statement. Any attempt to misrepresent, omit or falsify information will result in the immediate denial of further consideration for employment or will be cause for immediate dismissal if an appointment has been made. In addition, a false statement may result in criminal prosecution for fraud. An attempt by a certified police officer to falsify any document will result in notification to the Peace Officer Standards and Training Certification Supervisor. All responses must be true and accurate.

Utah State Parks has the legitimate obligation to pursue criminal activity once reasonable suspicion exists that laws have been violated. If you are involved in criminal activity, or if you have committed crimes that have not been detected, criminal complaints may be filed. Criminal activity by certified police officers will be reported to the Peace Officer Standards and Training Certification Supervisor.

You are given sufficient time to secure necessary documents, complete the Application/Personal History Statement and have your signature notarized. Failure to comply with these requirements will result in your elimination from further consideration for participation in the recruitment program.

I understand the information contained in the above statement.

Signature of Applicant

Date

INSTRUCTIONS TO THE APPLICANT

- **Print in black ink or type.**
- **Do not leave any question blank. If a question does not apply to you, write “N/A” (Not Applicable) in the space provided for your answer.**
- **If you need more space to answer a question, attach an additional sheet of paper. Type or print your name and social security number in the upper right-hand corner of each additional sheet.**
- **Do not write on the back of any page of this Application/Personal History Statement.**
- **Make a copy of this entire packet and all attachments before you turn it in. We will not be able to provide you with copies once it has been turned in.**

Attach the following documents to the Application/Personal History Statement: (check box when attached)

- ☐ A photocopy of your birth certificate in your name at birth issued by the Registrar of Vital Records with the filing date and seal of the Registrar clearly visible. **Utah State Parks will not accept a Hospital Certificate, Baptism Certificate or Notification of Birth, which has not been registered, with the Registrar of Vital Records.**

If you are unable to obtain a certified copy of your birth certificate, you will be required to verify United States citizenship by showing a United States Passport or a United States Naturalization Paper. Do not photocopy these documents.

The Immigration Reform and Control Act of 1986 requires an employing agency to determine if a candidate is a United States citizen or an alien lawfully authorized to work in the United States. You will be required to furnish original documents, which confirm your identity and employment eligibility.

- ☐ Signature on the **“INFORMATION”**, page 3
- ☐ **Notarized** signature on the **“Authorization for Release of Information”**, page 6
- ☐ **Notarized** signature on the **“Medical Release”** page 7
- ☐ **“Authorization and Request for Release of Consumer Information”** for Utah State Parks—Law Enforcement Applicants, page 8

- ☐ **“Official Copy of Driver License Record”**
Instructions:
1. Contact your local State Driver’s License Division for every state you have carried a Driver’s License for Motor Vehicle Operation.
 2. Request a complete Driving Record.
 3. Mail it to:
Utah State Parks – LAW ENFORCEMENT SECTION
P.O. Box 146001
Salt Lake City, UT 84114-6001
- ☐ **“DD214 – Military Record”**, if applicable
Include your DD214 Form you received when discharged with this packet.
Instructions:
1. Fill out and sign a SF 180 Form completely as provided in this packet.
 2. Mail form to the appropriate custodian located on the back of the form.
 3. For additional information or forms, go to
www.archives.gov/facilities/mo/st_louis/military_personnel_records.html
With your Personal History Packet, include a copy of your SF 180 and the date it was mailed/faxed along with your DD 214 Form you received when you were discharged.
- ☐ **“Transcripts/Test Scores” Original certified and sent by the University to State Parks—Law Enforcement**
Instructions for Transcripts/Degree from all Colleges or Universities Attended:
1. Contact the College or University you attended.
 2. You will want to talk to “Records.”
 3. A cost will be involved to retrieve your records so be prepared to pay.
 4. Tell them you need an official certified copy of your transcripts.
 5. Have the school mail the document directly to:
Utah State Parks and Recreation – LAW ENFORCEMENT SECTION
P.O. Box 146001
Salt Lake City, UT 84114-6001
- Instructions for High School Diploma or GED (General Education Test) from all Attended Schools:
1. Contact your High School of Graduation.
 2. Tell them you need an official certified copy of your transcripts or diploma.
 3. Have the school mail the document directly to:
Utah State Parks – LAW ENFORCEMENT SECTION
P.O. Box 146001
Salt Lake City, UT 84114-6001
- ☐ **“Letters of Recommendation Forms” Please provide at least two and no more than four.**
- ☐ **“Personal Statement”**
- ☐ **Notarized signature and photo on page 33 of the packet.**

AUTHORIZATION AND REQUEST FOR RELEASE OF INFORMATION

To Whom It May Concern: I am an applicant for Utah State Parks Law. Utah State Parks needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the Utah State Parks. I hereby authorize and direct you to release any and all information in your files pertaining to my employment records to Utah State Parks. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, to Utah State Parks or any duly authorized agent of the Utah State Parks, whether said records are of public, private, confidential or however classified. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the Utah State Parks to consider in determining my suitability for employment in law enforcement in the state of Utah. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be. I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, medical/psychological evaluations, any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed and any all other records pertaining to me, regardless of their nature. Any inquiry into records concerning medical treatment and/or psychiatric consultations which I may have had is to determine character traits which may be relevant for employment purposes and will only be requested after a conditional offer of employment has been extended. I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of Utah State Parks—Law Enforcement regardless of any agreement I may have had with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application/personal history statement if you refuse to disclose the information requested. For and in consideration of Utah State Parks acceptance and processing of my application/personal history statement for employment, I agree to hold the Utah State Parks, its agents and employees harmless from any and all claims and liability associated with my application/personal history statement for employment or in any way connected with the decision whether or not to employ me with the proper authorities. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by Utah State Parks in conjunction with employment procedures. A photocopy of, or a FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This Authorization And Request for Release of Information, hereinafter referred to as Request, is valid for a period of one (1) year from the date of my signature. Should there be any questions as to the validity of this Request, you may contact me at the address listed on this form. I agree to pay any and all charges or fees concerning this Request and can be billed or such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this Request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

<hr/> Print Name	<hr/> Social Security Number	<hr/> Date of Birth
<hr/> Complete Address		<hr/> Phone Number
<hr/> Applicant's Signature	<hr/> Date	
Subscribed and sworn to/before me this _____ day of _____, 20____.		
<hr/> Notary Signature	<hr/> My Commission Expires	Notary Stamp

MEDICAL RELEASE
UTAH STATE PARKS—LAW ENFORCEMENT APPLICANTS
NOTICE TO EXAMINING PHYSICIAN
UTAH STATE PARKS PHYSICAL REQUIREMENTS

Peace Officer training programs require participation in physical assessment training. Utah State Parks—Law Enforcement Applicants will participate in an exercise program for a minimum of 16 weeks to 18 weeks, for one hour, five times a week to include the following:

- Running** - The student will begin running 1.5 miles and work up to a maximum run of 5 miles, three days a week.
- Mat Work** - Students will do mat work, which consists of flexibility exercises, abdominal exercises and push-ups, three times a week.
- Strength Training** - Students will work out with weight room equipment, free weights, stationary bicycles and a treadmill.

Arrest Control Tactics Training - Students receive in class instruction with demanding hands on practical drills and physical training, applying reasonable and necessary force in a defensive tactics situation.

Physical Assessment Test

A physical assessment test will be administered prior to admission to the academy. The Utah Peace Officers Standards and Training Academy the student must pass the physical assessment requirements at 50% of Cooper Standards to qualify for the Police Academy.

A physical assessment test will be administered at least four times during the academy. Once, at the end of every four weeks of training. The test will require maximum exertion. It will test strength, flexibility, agility, cardiovascular endurance and coordination.

APPLICANT:

I have read and understand the physical training requirements necessary for attendance at the Utah Police Academy, peace officer training program.

I am physically capable of participating in a rigorous program of physical conditioning for a period of 16-18 weeks.

Print Name of Applicant	Signature of Applicant	Date
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MEDICAL RELEASE:

I have examined the applicant and find this person physically capable of participating in a rigorous program of physical conditioning, as described, for a period of 16-18 weeks.

Print Name of Physician	Signature of Physician	Date
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Telephone Number of Physician	Mailing Address of Physician
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UTAH STATE PARKS—LAW ENFORCEMENT APPLICATION/PERSONAL HISTORY STATEMENT

AUTHORIZATION AND REQUEST FOR RELEASE OF CONSUMER INFORMATION

I, (please print) _____, have made application for Utah State Parks, and it is my understanding that a comprehensive investigation of my consumer report will be conducted in connection with my application. I understand that any information, which adversely reflects on me for employment, may be cause for disqualification from further consideration with Utah State Parks—Law Enforcement.

In case of adverse actions, you will be notified the information contained in your consumer report has been used against you. At that time, you may obtain a disclosure of the nature of the information relied upon by making a written request within 60 days of receiving the adverse action notice.

The Federal Fair Credit Reporting Act is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you, such as, your credit account status, collection actions, bankruptcies filed, and public records, i.e., tax liens, civil judgements, etc.

I hereby give Utah State Parks, and its agents, the authority to conduct a comprehensive consumer investigation including, but not limited to, oral discussions with any person(s) concerning my report.

To the custodian of records discussed herein, I hereby authorize you to release information to the bearer of the Authorization and Request for Release of Consumer Information. I consider a copy of the Authorization and Request for Release of Consumer Information to be as valid as the original even though the copy does not have my original signature.

I hereby release the Utah State Parks, its agents and anyone who gives written or oral information about me to Utah State Parks from any claims of liability or damages which may occur as a result of the consumer's investigation.

This release of liability also extends to my heirs, associates, assigns, and representatives.

Applicant's Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Signature

My Commission Expires

NOTARY STAMP

PART I – GENERAL INFORMATION

1. a. Name: _____
Last First Middle Maiden
- b. If you ever used a name different from 1a, list all other names you have ever used.
1. Name: _____
Last First Middle
2. Name: _____
Last First Middle
2. Social Security Number: _____ - _____ - _____
3. Date of Birth: _____ Place of Birth: _____
4. Sex: ☐ Male ☐ Female Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
5. Residence Address: _____
Street Number City State Zip Code
6. Mailing Address: _____
Post Office Box City State Zip Code
7. a. Residence Phone Number: _____
- b. Permanent Phone Number: _____
- c. Work/Pager/Cellular Phone Number: _____
- May we call you at work? ☐ Yes ☐ No
8. Alternate contact telephone numbers – Please list the name and phone of someone (a relative or close friend) who usually knows how to contact you if you cannot be reached at home or work. **DO NOT LIST YOUR OWN TELEPHONE NUMBER.**
- Name: _____ Phone Number: _____
9. Are you a citizen of the United States? ☐ Yes ☐ No
10. If not a US citizen, is there a date you expect to become one? ☐ Yes ☐ No
- List month/year: _____
- (You must be a US citizen at time of graduation)
11. If naturalized: Certificate Number: _____ Date: _____

12. ☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Annulled ☐ Divorced ☐ Widowed

_____/_____/_____
 Date of Marriage Social Security Number Work Phone Number Work Hours

List names and birth dates of all children by this marriage (if these children are stepchildren or adopted, indicate this).

14. If divorced, annulled or widowed, list prior marriage(s) in order of occurrence. If additional space is needed, attach a separate sheet of paper.

Residence Address: _____
 Street Number City State Zip Phone Number: _____

Court/State Issuing Decree

List names and birth dates of all children by this marriage (if these children are stepchildren or adopted, indicate this).

1. _____ 3. _____

2. _____ 4. _____

PART II – MARITAL STATUS CONT'D

Are these children living with you? ☐ Yes ☐ No If yes, full-time ☐ part-time ☐. If they are not living with you full-time, are they living with their mother/father? ☐ Yes ☐ No. If no, list name and relationship of whom they are living with.

Name: _____ Relationship: _____

Was child support and/or alimony ordered: ☐ Yes ☐ No. Child Support \$ _____ Alimony \$ _____

b. Name of former spouse: _____ Date of Birth: _____
Last First Middle

Residence Address: _____
Street Number City State Zip Phone Number:

_____/_____/_____
Date of Marriage Social Security Number Date of Divorce/Annulment/Death

Court/State Issuing Decree

List names and birth dates of all children by this marriage (if these children are stepchildren or adopted, indicate this).

1. _____ 3. _____
2. _____ 4. _____

Are these children living with you? ☐ Yes ☐ No If yes, full-time ☐ part-time ☐. If they are not living with you full-time, are they living with their mother/father? ☐ Yes ☐ No. In no, list name and relationship of whom they are living with.

Name: _____ Relationship: _____

Was child support and/or alimony ordered: ☐ Yes ☐ No. Child Support \$ _____ Alimony \$ _____

15. List names and birth dates of all children by any other relationship not previously listed. If additional space is need, use a separate sheet of paper.

1. _____ 2. _____

Are these children living with you? ☐ Yes ☐ No. If no, whom are they living with?

PART II – MARITAL STATUS CONT'D

List name, address and phone number of other parent:

Was child support and/or alimony ordered? ☐ Yes ☐ No Child Support \$ _____ Alimony \$ _____

16. Name of Fiancée (if applicable): _____
Last First Middle Date of Birth

Residence Address: _____
Street Number City State Zip Code

_____/_____/_____
Social Security Number Home Phone Number Work Phone Number Work Hours

Name of Employer and Address Street City State Zip Code

17. If you claim income tax exemptions for support of dependents other than spouse and children listed, provide the following information on a separate sheet of paper: name, address with zip code, relationship.

18. Have you ever been involved in paternity proceedings? ☐ Yes ☐ No If yes, give details on separate sheet of paper.

19. Do you currently or have you ever practiced bigamy or polygamy? ☐ Yes ☐ No If yes, give details on a separate sheet of paper.

PART III – RELATIVES

20. All applicants must give complete information concerning their relatives. List in sequence your immediate family starting with parents and proceed to brothers and sisters. Include stepbrothers and sisters, half-brothers and sisters, stepparents, legal guardians, or others who have reared you instead of your parents. The requested information should be furnished concerning them as well as your real parents. If more space is needed, use an additional sheet of paper.

APPLICANT'S FAMILY

SPOUSE'S FAMILY

Father: Date of Birth: Address: Phone Number:	Father: Date of Birth: Address: Phone Number:
Mother: Date of Birth: Address: Phone Number:	Mother: Date of Birth: Address: Phone Number:
Brother: Date of Birth: Address: Phone Number:	Brother: Date of Birth: Address: Phone Number:
Sister: Date of Birth: Address: Phone Number:	Sister: Date of Birth: Address: Phone Number:

PART IV – RESIDENCES

21. Applicant must provide residence information for the last ten (10) years. Starting with your current address, list in sequence all residences. List addresses while serving in the military, attending school if away from home, or away from home for volunteer services or work.

Address	Property Owner/Phone
City,State,Zip	Address
Apt. No From/To	City State Zip
With whom did you reside?	Length of time at this residence

Address	Property Owner/Phone
City,State,Zip	Address
Apt. No From/To	City State Zip
With whom did you reside?	Length of time at this residence

Address	Property Owner/Phone
City,State,Zip	Address
Apt. No From/To	City State Zip
With whom did you reside?	Length of time at this residence

Address	Property Owner/Phone
City,State,Zip	Address
Apt. No From/To	City State Zip
With whom did you reside?	Length of time at this residence

Address	Property Owner/Phone
City,State,Zip	Address
Apt. No From/To	City State Zip
With whom did you reside?	Length of time at this residence

If you need additional space, attach separate sheet of paper.

22. Have you ever been evicted from a residence? ☐ Yes ☐ No If yes, explain: _____

PART V – EDUCATION

23. Starting with high school list names, addresses of all schools you have attended or are now attending. This would include schools of higher education including colleges and universities, business or trade schools. Also include law enforcement academies.

	Name and address of school or college	Attendance dates (month/year to month/year)	Type of diploma or degree	Graduation or expected graduation (month/year)
High school Or GED				
Vocational school				
Community College				
4-year college or university				
Graduate school				
Other				

- a. Attach an official copy of an up-to-date high school transcript

If you attend (or have attended) college, attach an up-to-date official transcript. Have the registrar's office mail the transcript to the Utah State Parks & Recreation – Law Enforcement.

- b. If you have taken the Scholastic Aptitude Test (SAT) or the American College Test (ACT), attach a copy of your score report.

24. Do you speak any language(s) other than English (including American Sign Language)?

☐ Yes ☐ No

Indicate language and proficiency (beginner, intermediate, advanced or fluent/native)

Language	Proficiency
	Speaking:
	Reading:
	Writing:
	Speaking:
	Reading:
	Writing:

25. List on a separate sheet and attach to application, any academic honors, scholarships, fellowships Or similar awards received in high school or college.

VI – REFERENCES

26. Provide all information requested below for at least five (5) individuals who have known you for the past five (5) years. At least three of your references should be acquaintances in your own age group. References should not be relatives, past or present employers, or co-workers listed in **PART – VII**. The references you select should know you well enough to give information about your character, ability, experience, personality, and other pertinent information.

Name			Years Known	Occupation
Address			Place of Employment	
City	State	Zip	Home Phone	Business Phone
Name			Years Known	Occupation
Address			Place of Employment	
City	State	Zip	Home Phone	Business Phone
Name			Years Known	Occupation
Address			Place of Employment	
City	State	Zip	Home Phone	Business Phone
Name			Years Known	Occupation
Address			Place of Employment	
City	State	Zip	Home Phone	Business Phone
Name			Years Known	Occupation
Address			Place of Employment	
City	State	Zip	Home Phone	Business Phone

27. **Give a copy of the Utah State Parks *Recommendation Form* to at least two, and no more than four,** of the persons you have requested a letter of recommendation from. Have them submit the letter to Utah State Parks.

28. **Attach a personal statement to this application. Word limit: 500-700 words.**

Tell us something about yourself. Why do you think you would be a good employee candidate for Utah State Parks? What do you consider your greatest strength and why? What do you consider your greatest weakness and why? If you feel that you have faced difficult circumstances in your life, please write about how you have overcome those obstacles.

Although you are not required to write about any specific topic, an essay that shows growth, maturity, leadership, courage and commitment could be particularly helpful to your application.

VII – EMPLOYMENT

29. If the answer to any of the questions **below is yes**, explain in detail on a separate sheet of paper.
- a. Have you ever been warned or reprimanded for being late or absent?
☐ Yes ☐ No
 - b. Have you ever been warned or reprimanded for misconduct or unsatisfactory performance?
☐ Yes ☐ No
 - c. Have you ever been warned or reprimanded for any other reason?
☐ Yes ☐ No
 - d. Have you raised your voice, used insulting language or had arguments with any supervisor or co-worker?
☐ Yes ☐ No
 - e. Have you ever been terminated during a probationary period from any employment? If yes, give name of the employer, date, and circumstances.
☐ Yes ☐ No
 - f. Have you ever been suspended, fired, or asked to resign from any employment? If yes, give name of the employer, date, and circumstances.
☐ Yes ☐ No
 - g. Have you ever resigned from an employer in lieu of termination? If yes, give name of the employer, date, circumstances.
☐ Yes ☐ No
 - h. Have you ever quit a job without giving proper notice? If yes, give name of employer, date, circumstances.
☐ Yes ☐ No
30. Would contacting your current employer during the background investigation present a problem for you? ☐ Yes ☐ No
31. Beginning with the current date, list your work history in chronological order back to your (18th) birthday. List, in sequence, all periods of employment (full-time, part-time), unemployment, self-employment, periods when attending school, military service, and volunteer work – tutoring, service to the elderly, work with church groups, programs you may have been involved with in your community. Work experience includes summer jobs, as well as college internships.

Please give complete address with city, state, and zip code. Include the area code with the phone number. If additional space is needed, make copies of the page before completing the section. List **month/year** for employment dates. **Do not leave any time periods unaccounted for.**

VII – EMPLOYMENT CONT'D

Business Name:	Address:	Phone Number:
Job Title:	Duties:	Reason for Leaving:
Supervisor's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Employment From:_____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
Business Name:	Address:	Phone Number:
Job Title:	Duties:	Reason for Leaving:
Supervisor's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Employment From:_____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
Business Name:	Address:	Phone Number:
Job Title:	Duties:	Reason for Leaving:
Supervisor's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Employment From:_____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
Business Name:	Address:	Phone Number:
Job Title:	Duties:	Reason for Leaving:
Supervisor's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Employment From:_____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	
Business Name:	Address:	Phone Number:
Job Title:	Duties:	Reason for Leaving:
Supervisor's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Co-Worker's Name:	Phone Number:	Work Hours:
Employment From:_____ To: _____	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Self-employed <input type="checkbox"/> School <input type="checkbox"/> Military <input type="checkbox"/> Volunteer	

VIII – ATHLETICS/SPECIAL INTERESTS AND HOBBIES

32. If you play or coach any sport, complete the following.

Sport	Level of participation	Dates (mo/yr to mo/yr)	Hours/ Week	Awards (w/date)
	<input type="checkbox"/> recreational <input type="checkbox"/> intramural <input type="checkbox"/> varsity	____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____		
	<input type="checkbox"/> recreational <input type="checkbox"/> intramural <input type="checkbox"/> varsity	____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____		
	<input type="checkbox"/> recreational <input type="checkbox"/> intramural <input type="checkbox"/> varsity	____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____ ____ / ____		

33. List your interests, extracurricular activities and hobbies below. For each, indicate the length and nature of your involvement.

Activity	Nature of involvement (classes, clubs, etc)	Dates (mo/yr to mo/yr)	Hours/ Week	Honor/Award (w/date)
		____ / ____ ____ / ____		
		____ / ____ ____ / ____		
		____ / ____ ____ / ____		
		____ / ____ ____ / ____		
		____ / ____ ____ / ____		

IX – MOTOR VEHICLE OPERATION

34. Do you have a current driver license?
☐ Yes ☐ No
- a. Driver License Number : _____ State: _____
- b. **Please be sure an official copy of your driver license record is attached.**
35. If the answer to any of the questions **below is yes**, explain in detail on a separate sheet of paper.
- a. Have you ever been refused an operator's license by any state? If yes give the state, date, and the circumstances.
☐ Yes ☐ No
- b. Have you ever obtained a license number under an assumed name? If yes, list the name(s).
☐ Yes ☐ No
- c. Has your driver's license ever been suspended, revoked, placed on probation, or have you ever received a warning notice from the state that issued your license? If yes, give the name of state, date, and circumstance.
☐ Yes ☐ No
- d. Have you ever been involved in a traffic accident as a driver? If yes, list the dates, location, who was at fault, name of agency that investigated the accident.
☐ Yes ☐ No
- e. Have you ever been involved in a traffic accident as a driver that was not reported which really should have been reported?
☐ Yes ☐ No
- f. Have you ever been issued a traffic citation? If yes, list date, type of violation, disposition.
☐ Yes ☐ No
- g. Have you ever operated a motor vehicle while you were under the influence of alcohol?
☐ Yes ☐ No
- h. Have you ever had a drug or alcohol related accident? If yes, give date, place of accident, and the circumstances.
☐ Yes ☐ No
- i. Have you ever been arrested for driving while under the influence of alcohol or drugs?
☐ Yes ☐ No
- j. Have you been convicted or pled guilty to driving while under the influence of alcohol or drugs, or to lesser charges following a D.U.I. arrest? If yes, list the date of the arrest, the law enforcement agency involved, and the final disposition.
☐ Yes ☐ No

X – MILITARY

36. Applicant must complete this section if he/she has served with the United States Armed Forces. If applicant has not served with the United States Armed Forces, answer “No” on question “a” then skip to **PART XI**. If the answer to any question **below is yes**, explain in detail on a separate sheet of paper.
- a. Have you ever served with the United States Armed Forces, National Guard, or military reserve?
☐ Yes ☐ No
 - b. Are you currently participating in the United States Armed Forces, National Guard, or military reserve program?
☐ Yes ☐ No
 - c. List date, location and status (i.e., honorable, general, etc.) of discharge:
 - d. Have you changed your military discharge status at any time? If yes, what was your discharge status prior to having it changed. Explain why the change of your status was necessary on a separate sheet of paper.
 - ☐ General
 - ☐ Less than Honorable
 - ☐ Undesirable
 - ☐ Early suspicion?
 - ☐ Other
 - e. List your highest rank held: _____ List your rank at time of discharge: _____
 - f. Were you ever court-martialed, tried or charged, or were you the subject of a summary court, deck court, captain’s mast, company punishment, or Article 15, or any other disciplinary action while a member of the armed forces? If yes, list branch of service, when, where, and the circumstances.
☐ Yes ☐ No
 - g. Have you ever been separated from military service for disciplinary reason?
☐ Yes ☐ No
 - h. Have you ever been given the option to resign in lieu of forced separation from any military service?
☐ Yes ☐ No
 - i. While in the service, were you ever reduced in grade or rank?
☐ Yes ☐ No
 - j. Did you ever commit a criminal act while off duty while in the armed services?
☐ Yes ☐ No
 - k. List our current or past commanding officers or military acquaintances that know you well enough to provide additional information.

X – MILITARY CONT'D

Name: _____	Rank: _____
Address: _____	Phone Number: _____

Name: _____	Rank: _____
Address: _____	Phone Number: _____

Name: _____	Rank: _____
Address: _____	Phone Number: _____

Name: _____	Rank: _____
Address: _____	Phone Number: _____

37. **Attach a copy of your DD214**

PART XI – LAW ENFORCEMENT

38. If the answer to any of the questions **below is yes**, explain in detail on a separate sheet of paper.
- a. Are you currently or have you in the past attended a police academy? If yes, list dates attended, certification status.
☐ Yes ☐ No
 - b. Have you ever worked for any law enforcement agency in any capacity? If yes, what agency(s), what capacity?
☐ Yes ☐ No

Have you ever worked for any law enforcement agencies? If yes, list on a separate sheet of paper, the date of application, and the current status. If rejected, what was the reason?

- ☐ Yes ☐ No
- a. Are you currently on any eligibility list for any law enforcement agency? If yes, what agency(s)?
☐ Yes ☐ No
- b. Was a background investigation conducted? If yes, what was the outcome.
☐ Yes ☐ No

The following questions are for individuals who have been previously employed by a law enforcement agency. If you answer “yes” to any of these questions, completely explain the circumstances of the incident, the location of the agency, hearing or court, and the final action taken. You may attach details on a separate sheet of paper.

- 39. Have you ever been the subject of a disciplinary action in a law enforcement agency?
☐ Yes ☐ No
- 40. Have you ever been allowed to resign from a law enforcement employer under adverse conditions which could have led to disciplinary dismissal by the agency?
☐ Yes ☐ No
- 41. Have you been fired from a law enforcement agency?
☐ Yes ☐ No
- 42. Have you ever been found guilty of “Gross Negligence” in an administrative hearing or court of law?
☐ Yes ☐ No
- 43. Have you ever been investigated or disciplined for excessive force in an arrest?
☐ Yes ☐ No
- 44. Have you ever been investigated or disciplined for tampering with evidence?
☐ Yes ☐ No
- 45. Have you ever been investigated or disciplined for perjuring testimony in an administrative hearing or court of law?
☐ Yes ☐ No
- 46. Have you ever been investigated or disciplined for theft of property in an administrative hearing or court of law?
☐ Yes ☐ No

XII – PERSONAL DECLARATIONS

IMPORTANT INSTRUCTIONS REGARDING THIS SECTION

The following information is deemed critical to the Division of Peace Officer Standards and Training, and concerns information relating to criminal convictions or criminal acts which have been dismissed through pardons, expungement, dismissal with prejudice, or other similarly treated offenses as an adult or juvenile. “Even if you have had an arrest or conviction expunged, you must still disclose that information for consideration by P.O.S.T.” (IF THE INFORMATION PERTAINS TO YOU, ATTACH ALL COPIES OF ALL POLICE REPORTS REGARDING THE ARRESTS OR CONVICTIONS. COPIES OF POLICE REPORTS SHOULD BE CERTIFIED COPIES AS INDICATED BY AN OFFICIAL POLICE STAMP AND/OR AS NOTARIZED BY A NOTARY PUBLIC.) Copies of police reports can be obtained by contacting the arresting agencies. If agencies require an official “request for information form” that can be mailed directly to P.O.S.T., forms are available at P.O.S.T.

The copies of police reports cannot be obtained from law enforcement agencies because records have been destroyed, indicate “NOT AVAILABLE” on the application form. If P.O. S.T., in checking arrests or convictions, finds that the police records are available to the applicant, the application will be denied until the police records have been submitted and reviewed by P.O.S.T. A DETAILED EXPLANATION OF ALL CIRCUMSTANCES SURROUNDING INVOLVEMENT, ARREST, OR CONVICTION, RELATING TO ANY CRIME OR OTHER ACT OF MISCONDUCT MUST BE EXPLAINED ON AN ADDITIONAL SHEET(S) OF PAPER AND ENCLOSED WITH THIS APPLICATION.

This information is required and is authorized as per Sections 53-6-203, 53-6-211, 53-6-302 and 53-6-309, Utah Code Annotated. FAILURE TO LIST REQUESTED INFORMATION IN THIS APPLICATION IS CONSIDERED A SERIOUS VIOLATION OF THE APPLICATION PROCEDURE AND WILL RESULT IN DENIAL OF THE APPLICATION.

47. Have you ever been involved in, arrested for, or convicted, of a felony?

☐ Yes ☐ No

If yes, **Please indicate status below:**

☐ Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with prejudice ☐ Treated in other similar manner ☐ Diversion agreement

☐ details attached as separate sheet. Indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

48. Have you ever been involved in, arrested for, or convicted, of a crime of dishonesty?

☐ Yes ☐ No

If yes, **Please indicate status below:**

☐ Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with prejudice ☐ Treated in other similar manner ☐ Diversion agreement

☐ details attached as separate sheet. Indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

49. Have you ever been involved in, arrested for, or convicted, of a crime of physical violence?

☐ Yes ☐ No

If yes, **Please indicate status below:**

☐ Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with prejudice ☐ Treated in other similar manner ☐ Diversion agreement

☐ details attached as separate sheet. Indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

XII – PERSONAL DECLARATIONS CONT'D

50. Have you ever been involved in, arrested for, or convicted, of a crime of unlawful sexual conduct?
☐ Yes ☐ No

If yes, **Please indicate status below:**

☐ Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with prejudice ☐ Treated in other similar manner ☐ Diversion agreement

☐ details attached as separate sheet. Indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

51. Have you ever been involved in, arrested for, or convicted, of a crime involving the unlawful use, sale or possession of a controlled substance?
☐ Yes ☐ No

If yes, **Please indicate status below:**

☐ Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with prejudice ☐ Treated in other similar manner ☐ Diversion agreement

☐ details attached as separate sheet. Indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

52. Have you ever been involved in, arrested for, or convicted, of the offense of Driving Under the Influence?
☐ Yes ☐ No

If yes, **Please indicate status below:**

☐ Conviction ☐ Plead to lesser offense ☐ Expungement ☐ Pardon ☐ Acquitted ☐ Dismissed ☐ Dismissed with prejudice ☐ Treated in other similar manner ☐ Diversion agreement

☐ details attached as separate sheet. Indicate the type of offense, location of offense, arresting agency, and date offense occurred. Indicate court disposition and sentencing and/or fine information. Include police reports, court documents and your detailed written explanation of the circumstances.

53. List all other convictions involving misdemeanor offenses, traffic offenses, military crimes, etc., as accurately as possible. Include type of offense, date of occurrence, location/arresting agency and disposition. Attach on a separate sheet of paper.

54. Do you have any criminal or civil complaints pending against you at this time?
☐ Yes ☐ No

If yes, details attached on a separate sheet of paper, list the nature of the offense or complaint, jurisdiction or agency of arrest, and date of offense.

XII - PERSONAL DECLARATIONS CONT'D

55. Has it been brought to your attention that your use of alcohol has caused problems with your job, school, family or your associates?

☐ Yes ☐ No

Details attached on a separate sheet of paper

56. Are you now or have you ever participated in a supervised alcohol rehabilitation program?

☐ Yes ☐ No

Details attached on a separate sheet of paper, include name and address of program

57. Has your use of prescription drugs ever caused problems with your job, your family or your associates?

☐ Yes ☐ No

58. Have you ever experimented with any illegal drugs?

☐ Yes ☐ No

59. Are you now or have you ever participated in a supervised drug rehabilitation program?

☐ Yes ☐ No

Details attached on a separate sheet of paper, include name and address of program

60. Have you ever possessed any drugs, narcotics or other controlled substances other than those prescribed by a doctor or other licensed medical practitioner?

☐ Yes ☐ No

Details attached on a separate sheet of paper

61. Have you ever sold or otherwise distributed any drugs, narcotics or controlled substances?

☐ Yes ☐ No

Details attached on a separate sheet of paper

62. Have you ever been involved in the cultivation of marijuana or the manufacturing of any drugs, narcotics, or other controlled substances?

☐ Yes ☐ No

Details attached on a separate sheet of paper

63. Have you ever purchased any drugs, narcotics, or other controlled substances from other than a doctor, or other licensed medical practitioner or pharmacist?

☐ Yes ☐ No

Details attached on a separate sheet of paper

XII - PERSONAL DECLARATIONS CONT'D

64. Have you ever knowingly stored illegal drugs, narcotics or other controlled substances for yourself or any other person?

☐ Yes ☐ No

Details attached on a separate sheet of paper

65. Have you ever transported illegal drugs, narcotics, or other controlled substances for yourself or any other person?

☐ Yes ☐ No

Details attached on a separate sheet of paper

66. Have you used any of the following drugs illegally within the **last five years?**

☐ Yes ☐ No

(Mark which drugs you have used, if any)

<u>Drug</u>	<u>Approximate date if last use</u>	<u>List how many times</u>
<input type="checkbox"/> Heroin	_____	_____
<input type="checkbox"/> Toluene	_____	_____
<input type="checkbox"/> Cocaine	_____	_____
<input type="checkbox"/> PCP	_____	_____
<input type="checkbox"/> Percodan	_____	_____
<input type="checkbox"/> Tai sticks	_____	_____
<input type="checkbox"/> Quaaludes	_____	_____
<input type="checkbox"/> Crank	_____	_____
<input type="checkbox"/> Morphine	_____	_____
<input type="checkbox"/> LSD	_____	_____
<input type="checkbox"/> Crack	_____	_____
<input type="checkbox"/> Mescaline	_____	_____
<input type="checkbox"/> Peyote	_____	_____
<input type="checkbox"/> Opium	_____	_____
<input type="checkbox"/> Demerol	_____	_____
<input type="checkbox"/> Methadone	_____	_____
<input type="checkbox"/> Psilocybin/Mushroom	_____	_____
<input type="checkbox"/> Amphetamine	_____	_____
<input type="checkbox"/> Barbiturates injected	_____	_____
<input type="checkbox"/> Methamphetamine	_____	_____

67. Have you ever used any of the following drugs illegally within the **last five years?**

☐ Yes ☐ No

(Mark which drugs you have used, if any)

<u>Drug</u>	<u>Approximate date if last use</u>	<u>List how many times</u>
<input type="checkbox"/> Marijuana	_____	_____
<input type="checkbox"/> Hashish	_____	_____
<input type="checkbox"/> Amyl Nitrates	_____	_____
<input type="checkbox"/> Anabolic Steroids	_____	_____

XII - PERSONAL DECLARATIONS CONT'D

Explain in detail your use of illegal drugs on a separate sheet of paper

68. Have you ever been judged mentally incompetent or insane by a court of law?
☐ Yes ☐ No
69. Have you ever been confined to a mental institution or hospital psychiatric ward?
☐ Yes ☐ No
70. Have you ever been treated for depression, attempted suicide or had suicidal tendencies?
☐ Yes ☐ No
71. Are you now, or have you ever been on probation or parole for any crime which you have been convicted, or any crime held in abeyance or subject to a diversionary program through a court of law?
☐ Yes ☐ No

Details attached on a separate sheet of paper, list the nature of the offense or complaint, jurisdiction, or agency of arrest, and date of offense

72. Are you now, or have you ever been a member or associated with a group, gang, or organization which advocates or encourages violence, or has attempted to overthrow, the government of the United States or any State government?
☐ Yes ☐ No

Details attached on a separate sheet of paper, explain the name of the group, gang or organization, indicate when you became a member or associated with the organization, and your current status with the group, gang or organization

73. Have you ever been detained for investigation, held on suspicion, questioned or fingerprinted by any Law enforcement agency?
☐ Yes ☐ No

Details on a separate sheet of paper, list the nature of the incident, agency or jurisdiction involved, and date of occurrence

74. Have you ever taken any property that didn't belong to you without permission first?
☐ Yes ☐ No

Details on a separate sheet of paper. List what was taken, what was the value, date of occurrence

75. Have you ever purchased an item that you knew or suspected was stolen?
☐ Yes ☐ No

Details on a separate sheet of paper. List item, quantity, value, and date of purchase.

76. Have you within the past five (5) years done anything at all that you could have been arrested for doing?
☐ Yes ☐ No

Details on a separate sheet of paper.

XII - PERSONAL DECLARATIONS CONT'D

77. Have you ever had a criminal warrant or a traffic warrant issued for your arrest?
☐ Yes ☐ No

Details on a separate sheet of paper. Give date warrant was issued and cleared.

78. Have you ever intentionally perjured yourself in a Court of Law?
☐ Yes ☐ No

79. Do you reside or associate with anyone (family or friends) who is or has been involved in criminal behavior equivalent to a class A misdemeanor or a felony?
☐ Yes ☐ No

80. Have you ever been reported as a missing person or runaway?
☐ Yes ☐ No

Details on a separate sheet of paper. List jurisdictions, dates and outcomes.

81. Have you ever been delinquent or has any legal action ever been taken against you for failing to meet an obligation for child support or alimony?
☐ Yes ☐ No

82. Do you owe money for parking tickets?
☐ Yes ☐ No

Details on a separate sheet of paper. Indicate the amount owed, dates

83. Have you ever been asked to submit to a polygraph examination?
☐ Yes ☐ No

Details on a separate sheet of paper. List dates, examiner's name, purpose for examination, and name of the agency or company who requested it.

84. Have you ever failed a polygraph examination?
☐ Yes ☐ No

Details on a separate sheet of paper. Why did you fail?

85. Have you ever applied for a permit to carry a concealed weapon?
☐ Yes ☐ No

Details on a separate sheet of paper. List date, name of law enforcement agency.

86. Have you had your permit to carry a concealed weapon approved?
☐ Yes ☐ No

Details on a separate sheet of paper. If no, why it was not granted. If yes, give permit number.

XII - PERSONAL DECLARATIONS CONT'D

87. Have you ever falsified an insurance claim?
☐Yes ☐ No
88. Have you ever falsified an income tax return?
☐Yes ☐ No
89. Have you ever collected unemployment or welfare benefits when you were not entitled to do so?
☐Yes ☐ No
90. Have you ever fraudulently misused a credit card?
☐Yes ☐ No
91. Have you ever forged a check?
☐Yes ☐ No

XIII – FINANCIAL

92. Applicant must complete all of this section. In completing the financial section, be complete and accurate. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income		Current Monthly Expenditures	
Monthly salary.....	\$	Real Estate (mortgage) payment(s).....	\$
Spouse's salary		Rent	
Other monthly income –describe:	\$	Other monthly payments – describe:	\$
	\$		\$
	\$		\$
	\$	Estimated monthly cost of living (include utilities, food, gasoline, home and car maintenance, entertainment, etc.) and any other obligations	\$
	\$		\$
Total Monthly Income	\$	Total Monthly Expenditures	\$
Current Assets		Current Liabilities	
Saving	\$	Real Estate Indebtedness	\$
Checking		Long-term loans (Auto)	
Real Estate	\$	Charge Accounts	\$
Stocks and bonds		Other Liabilities – describe:	
Life insurance (cash value of whole life policy)	\$		\$
Autos	\$		\$
Other Assets – describe:	\$		\$
	\$		\$
Total Assets	\$	Total Liabilities	\$

93. If the answer to any of the questions **below is yes**, explain in detail on a separate sheet of paper.

Have you or your spouse:

- a. Ever defaulted on any loan, debt or obligation in the past five years?
☐ Yes ☐ No
- b. Ever had your wages attached or garnished?
☐ Yes ☐ No

XIII – FINANCIAL CONT'D

- c. Ever been a defendant in a small claims or other civil court action?
☐Yes ☐ No
- d. Any immediate civil actions pending?
☐Yes ☐ No
- e. Ever had a judgement rendered against you for failure to pay any just debts?
☐Yes ☐ No
- f. Ever been refused credit?
☐Yes ☐ No
- g. Ever had any collection or repossession action taken against you?
☐Yes ☐ No
- h. Ever been referred to a collection agency?
☐Yes ☐ No
- i. Ever been delinquent on any federal, state, local debts? This would be delinquency for income, property, or other taxes, governmental loans, overpayment of benefits, required payments into or under government programs, etc.
☐Yes ☐ No
- j. Have you or your spouse or any corporation, firm, partnership, or other business enterprise in which you or your spouse served as an officer, owner, director trustee, or partner ever filed a petition for bankruptcy under U.S. Bankruptcy code; been adjudicated as bankrupt under the U.S Bankruptcy Code; been the subject of a formal or informal receivership? Describe the category of bankruptcy, which you chose (i.e. liquidation, reorganization, and adjustment of debts). Give the court appointed trustee name and phone number.
☐Yes ☐ No
- k. Ever owned real property, which, during the time of such ownership, has been cited as unsafe or unsanitary or for other housing code violations or which has been condemned?
☐Yes ☐ No
- l. Ever had a check “bounce” or returned for insufficient funds (how many times total, how many times in the last 12 months, when was the last time, for how much, intentionally, unintentionally)?
☐Yes ☐ No

XIV – APPLICANT’S CERTIFICATION

Did you fill out this application/personal history statement?

☐ Yes ☐ No

If no, print the name of the person who did below.

Name (Print or Type)

Phone Number

Relationship to Applicant

I certify that all of the information provided above and in any attached supplementary sheets is true and complete, to the best of my knowledge. In making this application/personal history statement for training and certification in the state of Utah, I certify that I am a citizen of the United States, a high school graduate or equivalent, and have never been convicted of a felony or other offense except as noted on this application/personal history statement. I am aware that willfully withholding information or making false or misleading information and/or omissions of requested information on this application/personal history statement is a violation of Utah Code Annotated 76-8-511 falsification of a government record and, if appointed, will be the basis for dismissal from Utah State Parks, or termination of training and of peace officer authority and/or subsequent police service.

DO NOT SIGN THIS PAGE UNLESS YOU ARE IN THE PRESENCE OF AND AFTER RECEIVING AN OATH FROM A NOTARY PUBLIC ATTESTING TO THE VALIDITY OF THIS APPLICATION/PERSONAL HISTORY STATEMENT.

RECENT PHOTOGRAPH
(No larger than 2” X 3”)
Photograph should be
no older than 2 months
prior to making this application.

AFFIX PHOTOGRAPH HERE

Signature of Applicant (as usually written)

Date

_____, personally appeared before me and stated that all information given in this application/personal history statement is true and correct.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Signature

My Commission Expires

Notary Stamp

**SUPPLEMENTAL INFORMATION APPLICATION
PARK RANGER I**

Applicant Name:			
Please answer each of the following questions to provide a more complete evaluation of your qualifications.			
The park ranger position requires flexible scheduling. Are you available to work under the following circumstances?	YES	NO	COMMENTS
Saturday			
Sunday			
Evenings or graveyard			
Split schedules			
Work outside assigned park area			
Overnight travel			
Live in park housing, if required			
Be available for emergency call back. A reasonable response time is approximately 30 minutes, is this something you can meet? If not, are you willing to relocate?			
Work outdoors in all weather			
Perform law enforcement duties			
Wear a uniform and sidearm			
Willing to work and/or live in park areas remote from schools, shopping or medical			
Applicant's signature:	Date:		

UTAH DIVISION OF PARKS AND RECREATION

PHYSICAL ASSESSMENT

LIABILITY WAIVER

I, the undersigned, certify my physical condition is such as to enable participation in the physical assessment portion of the employment application process. The five categories used in this assessment are: flexibility test, push ups, sit ups, 1.5 mile run and swim. I understand there are inherent medical risks associated with the physical exertion required by the physical assessment and hereby waive any claim of liability against the Utah Division of Parks and Recreation for any injury I may sustain in the course of my participation in any part or phase of this physical assessment.

Name: _____

Home address: _____

Home telephone number: _____

Signature of applicant: _____ Date: _____

UTAH STATE PARKS-LAW ENFORCEMENT

RECOMMENDATION FORM

No action can be taken on the application until this form is returned.

To the Applicant

Print or type your name and social security number on both sides of this form.

Name of Applicant _____
Last First Middle Maiden

Social Security Number: _____

Name of Recommender: _____

To the Recommender

The task of Utah State Parks calls for self-discipline courage, compassion, dedication to public service and great integrity. We are looking for an evaluation of this applicant's character, ethics, and moral fiber. When you comment on the applicant's character, please be specific.

Please type or print your comments about the applicant on the following page. If you wish to make written comments on a separate sheet, please mark it with the applicant's name and social security number. We suggest that you retain a copy for your own files.

Once your recommendation is complete, you should mail this form directly to the address below rather than deliver it to the applicant. Recommendations must be sent to the following address:

**UTAH STATE PARKS—LAW ENFORCEMENT SECTION
PO Box 146001
Salt Lake City, Utah 84114-6001**

Applicant please print or type your name and social security number.

Name of Applicant _____
Last First Middle Maiden

Social Security Number: _____

Name of Recommender: _____

Recommendation:

Name: _____ Signature: _____

Address: _____ Date: _____